



FASCIA RESEARCH CONGRESS

Registration Form

Fascia Replay Meeting - September 6, 2013, AUVA

AMACI GmbH
Operngasse 17 - 21
A-1040 Vienna
fax: 0043 1 890 35 13-15
e-mail: office@amaci.at
www.amaci.at

Please fill out the form and fax it to **0043 1 890 35 13-15** or send it by **email to office@amaci.at**

(Please tick as appropriate)

- | | |
|--|---------|
| <input type="checkbox"/> FRS Non-Member 1 day Replay Meeting | € 120,- |
| <input type="checkbox"/> FRS Member 1 day Replay Meeting | € 100,- |
| <input type="checkbox"/> Registration with Fascia Congress DVD | € 220,- |
| <input type="checkbox"/> Student Registration | € 60,- |

All Registration packages include breaks and lunch.

Registration Information

name: _____

address: _____

zip code: _____ **city:** _____

tel: _____ **fax:** _____

e-mail: _____ **date, signature:** _____

arrival: _____ **departure:** _____

Payment

Please transfer the registration fee to the following bank account until August 15, 2013:

Name of the Bank: BAWAG P.S.K
Account Name: 'AMACI GmbH - Fascia Replay Meeting Vienna 2013'
Account No: 05010-280-836
Bank code: 14.000

*Creditcard-Payment could be done only directly via the Fascia Research Society Website.
We therefore kindly request to register online under www.fasciacongress.org.*

Thank you!